

Wright

Papillary Hypertrophy of the
Nasal Mucous Membrane
compared with a
True Papilloma.

BY

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PAPILLARY HYPERTROPHY
OF THE NASAL MUCOUS MEMBRANE
COMPARED WITH A TRUE PAPILLOMA.

By JONATHAN WRIGHT, M. D.,
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THREE years ago, in a paper on Nasal Papillomata read before this association, I tried to show the error in nomenclature and the consequent confusion in nasal pathology introduced by some of our German *confrères*.

This has gone to such an extent in Germany that when they speak of nasal papillomata they have to stop to explain that they don't mean true papillomata, but Hopmann's papillomata.



FIG. 1, A ($\times 4$).—Fibroma papillare
from the soft palate.



FIG. 1, B ($\times 4$).—Nasal papillary
hypertrophy.

Three years ago I presented the drawing of a section of a papillary hypertrophy, removed by Dr. Knight from the region of the middle turbinated bone, as an illustration of Hopmann's papilloma. Since then I have been in hopes of meeting with a true nasal papil-

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loma, either in my own practice or in that of some of my friends. This hope has not been realized.

It has happened this spring that I removed from the middle of

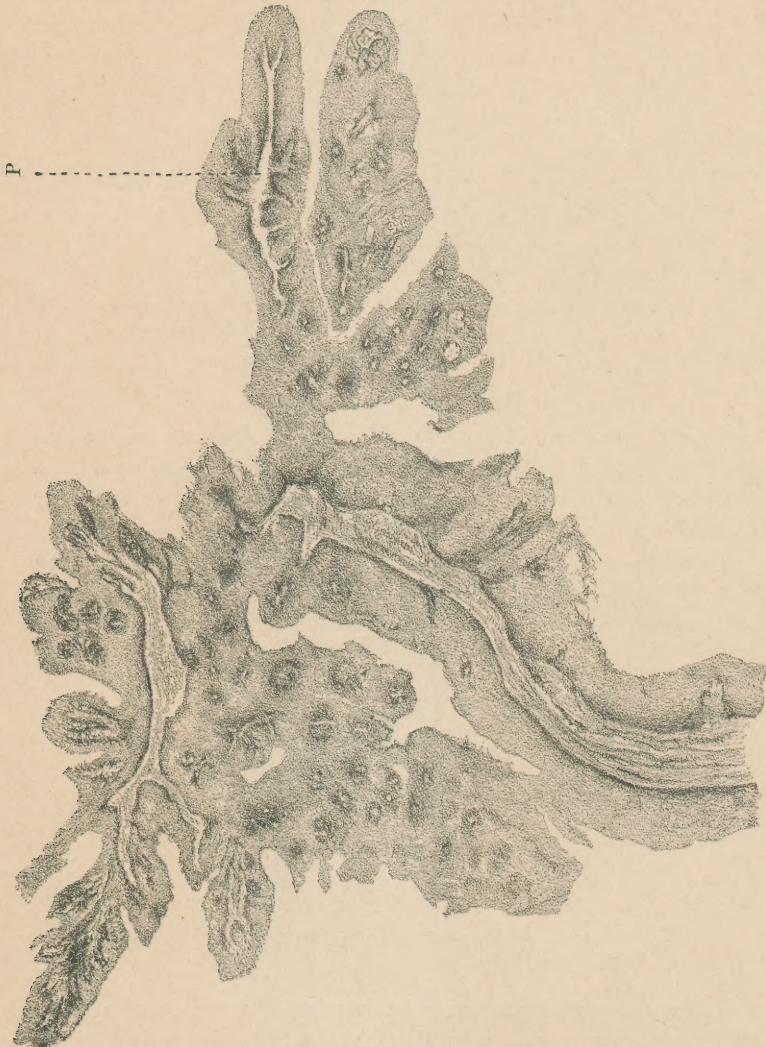


FIG. 2, A ($\times 10$).—Fibroma papillare.

the inferior turbinated a mulberry growth which exactly corresponds to Hopmann's description as quoted in my paper referred to above. About the same time Dr. Newcomb gave me for examination a typi-

cal papilloma from near the edge of the soft palate, where they are so common.

Having examined these growths simultaneously, it occurred to me that it might be of interest to present drawings to this society which would illustrate the total radical differences in the character of the two growths, disclaiming, however, any pretense of making any statements which are not generally accepted by histologists.



Fig. 2, B (x 10).—Nasal hypertrophy.

That these differences have not been generally appreciated by rhinologists is my excuse for taking your time.

Fig. 1, A, represents the external appearance of a pedunculated growth which we would all recognize clinically as a papilloma. Virchow says it really should be called a fibroma papillare, and it

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is so labeled in some works on pathology. You will observe that it consists, roughly speaking, of a thick stem, at the end of which we have a number of irregular sprouts: some, simply conical in shape, spring directly from the central stem, but the larger number are again divided into stem and sprouts. At a glance it looks like a budding, tuberous vegetable.

Fig. 1, B—a drawing of the nasal growth—shows a symmetrically rounded mass divided by cross-lines into more or less regular portions. This we are familiar with under the name of a mulberry hypertrophy, which so frequently occurs at the posterior ends of the inferior turbinated bones, but which in this case was found more anteriorly as a sessile but perfectly circumscribed movable growth. Its removal by the cold snare, although occupying three quarters of an hour, was followed three hours later by severe haemorrhage.

Fig. 2, A, is a drawing of a section of the papilloma under a low-power objective (Zeiss). You notice at once that the budding appearance of the papilloma in Fig. 1, A, is so emphasized here as to resemble the small branches and leaves of a plant.

Fig. 2, B—a drawing from the hypertrophy under a similar enlargement—shows outlines corresponding to the surface indications. Almost every fold communicates directly with the central mass. There is no appearance of a budding process, and even with the low power we can see that the line of the surface epithelium is not especially thickened or irregular.

Fig. 3, A, shows the minute structure of the papilloma. It is very simple. There is a slight branching framework of fibrous tissue containing no glands, and only small capillaries. Everywhere, however, this framework is covered by a large number of regularly striated layers of flat epithelial cells. With a still higher power they would be seen to be "stickle cells," similar to those of the epidermis and of the mucous surface of the palate from which the tumor sprang.

This epithelial proliferation is very marked and very characteristic. In other forms of papilloma—the mucous wart, or pachydermia laryngis—digitations of the proliferated epithelium dip down into the stroma. The surface itself may be smooth and only the digitations exist in the stroma, as in some of the smooth warts on the septum near the columna.

All these are closely related epithelial growths. None of them bear any relation or even close resemblance to the "mulberry hypertrophy."

Fig. 3, B, together with Fig. 2, B, explains the more complex structure of the nasal growth. It consists of all the constituent parts of the mucous membrane of the inferior turbinate body. You notice a few glands. The ectasia of the venous sinuses filled with blood is especially noticeable. There is a considerable increase in the amount of fibrous connective tissue. This, at the periph-

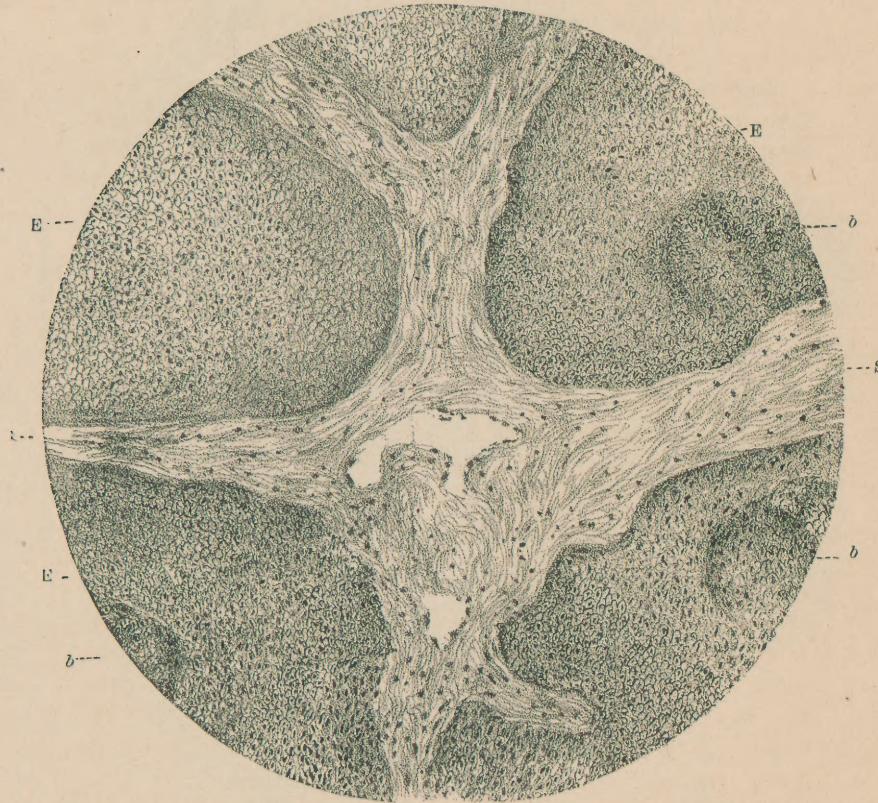


FIG. 3, A (x 300).—Taken from "P" in Fig. 2, A Fibroma papillare. E, squamous epithelium
S, stroma; b, buds.

ery, is divided into regular processes covered by epithelium and separated from one another by depressions, giving to the surface its folded, creased appearance, which, in this particular instance, is very marked, the depressions being very deep.* In such growths

* Since this paper was written and the drawings made, Dr. George A. Richards, of New York, has sent me another such tumor, half of which I show you here.

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all gradations in the depth of these grooves exist, up to their merely making a nodular surface.

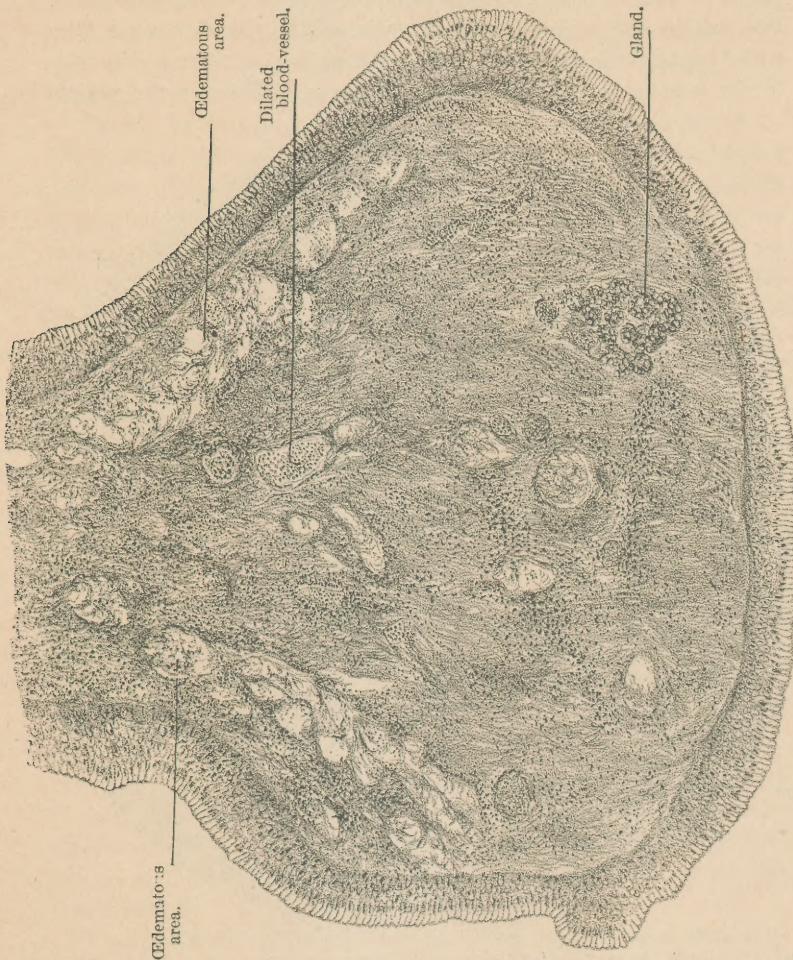


FIG. 3, 3 (x 300) — Nasal hypertrophy.

The cause of this folding and crumpling, I conjecture, is the continued and exaggerated contraction and dilatation of the venous

You will see that in this case the papilliform processes are still further developed, and that this, externally, really does closely resemble a papilloma. A glance, however, at this section made from the other half, under a low power, shows an exactly similar structure to that figured and described under Fig. 3, B. They are both papillary hypertrophies of the erectile bodies of the inferior turbinated bones.

sinuses in a stroma deprived by chronic inflammation of much of its elastic and muscular fibers, and having in their place a considerably larger amount of non-contractile fibrous tissue. This exaggerated vaso-motor action is indicated in the clinical history these patients give of alternating and varying degrees of nasal stenosis.

You will see that in this specimen the glands are scanty and the growth could not possibly be called an "adenoma papillare" as suggested by Hopmann as an alternative designation with papilloma. Papillary hypertrophy might be allowed.

Before closing I desire to call your attention to an appearance not directly connected with the purpose of this paper, but of some interest as an illustration of the connection which exists between the different results of chronic inflammation of the nasal mucosa. Last year I tried to show that the ordinary polypus was not a myxoma, but was one of the ultimate manifestations of a chronic inflammation characterized by an oedema of the tissues. I then stated that small areas of this oedema were frequently seen in hypertrophies of the inferior turbinated bodies. In Fig. 3, B, you will notice close beneath the epithelium one of these areas.* They are common in all cases of marked hypertrophy of the nasal mucous membrane, but usually only reach the dimensions of the oedematous polypus in the region of the middle turbinated bone or above it.

* Similar areas are also to be seen in Dr. Richards's case. In the May number of the *Journal of Laryngology*, Professor O. Chiari, of Vienna, takes the same view of the so-called fibromata of the vocal cords—viz., that they are oedematous hypertrophies, the result of chronic inflammation, and not true fibromata.

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